


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

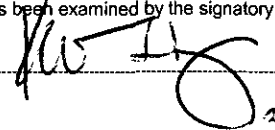
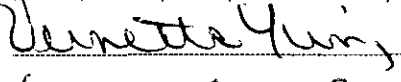
**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER 0 6 5 - 3 5 6	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 2 Through 1 2 3 1 2 0 0 2	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name K E N N E T H Last Name I L G P.O. Box • Building and Room Number (if any) Number and Street 9 1 0 0 V A L L E Y V I E W R O A D City M A C E D O N I A State ZIP Code + 4 O H 4 4 0 5 6 - 2 0 3 5		
4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPL, RESTAURANT EMPL AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) LU		6. DESIGNATION NUMBER 10	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED:  3 2 7 - 0 3 Date	PRESIDENT (If other title, see instructions.) 3 3 0 - 4 6 8 6 9 0 0 Telephone Number	77. SIGNED:  3/28/03 Date	TREASURER (If other title, see instructions.) 216 - 849-7788 Telephone Number

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ☐ Yes ☒ No
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ Yes ☐ No
12. Have a political action committee (PAC) fund? ☐ Yes ☒ No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ Yes ☒ No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☐ Yes ☒ No
15. Discover any loss or shortage of funds or other property? ☐ Yes ☒ No
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ Yes ☒ No
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ Yes ☒ No

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 4 8 9
19. What is the date of your organization's next regular election of officers? MO 0 4 YEAR 2 0 0 3
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>32.50</u> per <u>MONTH</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>52</u>
(c) Transfer Fees	\$ <u>N/A</u>
(d) Work Permits	\$ <u>2</u> per <u>EVENT</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ☐ Yes ☒ No
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ Yes ☒ No
24. Did your organization have any contingent liabilities at the end of the reporting period? ☒ Yes ☐ No

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 6 5 - 3 5 6

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....	1	- 7 1	1 1 2 0 1
	26. Accounts Receivable.....		0	9 1 6 5
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	4 8 2 9	4 6 4 2
	31. Other Assets.....	3	2 9 8 7	2 9 8 7
	32. TOTAL ASSETS.....		7 7 4 5	2 7 9 9 5
LIABILITIES	33. Accounts Payable.....	8	4 7 6 7 2	5 8 8 7 5
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	5 5 7 8	7 9 2 8
	37. TOTAL LIABILITIES.....		5 3 2 5 0	6 6 8 0 3
	38. NET ASSETS (Item 32 less Item 37).....		- 4 5 5 0 5	- 3 8 8 0 8

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 065 - 356

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		5 2 0 9 9 7	56. To Officers.....	9	9 6 9 5 2
40. Per Capita Tax.....		0	57. To Employees.....	10	8 6 0 1 4
41. Fees.....		1 0 1 4 5 5	58. Per Capita Tax.....		2 4 3 3 4 2
42. Fines.....		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments.....		0	60. Office & Administrative Expense....	13	1 0 0 1 9 1
44. Work Permits.....		0	61. Educational & Publicity Expense...		0
45. Sale of Supplies.....		0	62. Professional Fees.....		2 9 7 8 9
46. Interest.....		1 2 4	63. Benefits.....	11	5 0 2 1 6
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	4 3 9 1
48. Rents.....		0	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	0	66. Direct Taxes.....		1 7 8 6 7
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		5 4 1 6 2
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	1 4 3 3
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf.....		0	70. Repayment of Loans Obtained.....	8	0
54. Other Receipts.....	14	1 1 8 9 1 6	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	4 5 8 6 3
55. TOTAL RECEIPTS.....		7 4 1 4 9 2	74. TOTAL DISBURSEMENTS		7 3 0 2 2 0

Page Not Filed

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 6 5 - 3 5 6

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. WORKERS COMPENSATION DEPOSIT	1 5 4
2. RENT SECURITY DEPOSIT	2 8 3 3
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 9 8 7
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. ACCRUED PAYROLL TAXES	1 1 5 8
2. KENNETH ILG SEVERANCE	5 7 8 6
3. FAX AND PHONE SYSTEM LEASE	9 8 4
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	7 9 2 8
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 6 5 - 3 5 6

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	3 0 0 4 3	2 5 4 0 1	4 6 4 2	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	3 0 0 4 3	2 5 4 0 1	4 6 4 2	0
The total from Line 8, Column (D) is entered in.....				Item 30, Column (B)

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 6 5 - 3 5 6

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. FURNITURE & FIXTURES	1 4 3 3	1 4 3 3	1 4 3 3
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	1 4 3 3	1 4 3 3	1 4 3 3
			7. Less Reinvestments
			0
			8. Net Purchases
			1 4 3 3
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34					
Column (C) with Explanation Column (D)					

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 6 5 - 3 5 6

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	ILG KENNETH PRESIDENT	C	7 5 2 1 5	0	1 7 4 6	0	7 6 9 6 1
2.	GAINES GWENDOL SEC - TREAS	C	1 2 0 0	0	0	0	1 2 0 0
3.	HALL DEBORAH RECORDING SEC	C	2 9 5 9 8	0	1 1 2 1	0	3 0 7 1 9
4.	KRINER BRIDGET RECORDING SEC	P	1 1 4 0 4	0	2 4 1 0	0	1 3 8 1 4
5.	BLACKMON CLAUDET EXEC. BOARD	C	1 3 0 0	0	0	0	1 3 0 0
6.	FERGUSON RUBY EXEC. BOARD	C	1 3 0 0	0	0	0	1 3 0 0
7.	JONAS JANE EXEC. BOARD	C	8 3 0	0	0	0	8 3 0
8. Totals from additional pages (if any)			3 7 0 0	0	0	0	3 7 0 0
9. Totals of Lines 1 through 8			1 2 4 5 4 7	0	5 2 7 7	0	1 2 9 8 2 4
					10. Less Deductions		3 2 8 7 2
The total from Line 11 is entered in Item 56					11. Net Disbursements		9 6 9 5 2

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 6 5 - 3 5 6

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(If applicable)</small>						
1.	DEEN ORGANIZER NA AAMIR	2 7 8 1 9	0	5 5 9 2	0	3 3 4 1 1
2.	PARSH ORGANIZER NA ANN MAR	1 3 4 3 5	0	1 6 4 2	0	1 5 0 7 7
3.	SMITH ADMIN ASSIST NA TRACEY	1 7 5 5 8	0	8 8 9	0	1 8 4 4 7
4.	WILLIAMS ORGANIZER NA SAMANTH	2 2 5 3 9	0	2 4 8 1	0	2 5 0 2 0
5.						
6. Totals from additional pages (if any)						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		1 4 8 7 3	0	4 7 6	0	1 5 3 4 9
8. Totals of Lines 1 through 7		9 6 2 2 4	0	1 1 0 8 0	0	1 0 7 3 0 4
				9. Less Deductions		2 1 2 9 0
The total from Line 10 is entered in Item 57				10. Net Disbursements		8 6 0 1 4

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 6 5 - 3 5 6

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH & WELFARE	AFL CIO FOOD & BEV. TRUST	2 3 8 9 0
2. MEDICAL & PRESCRIPTION COVERAGE - LOCAL 118	MEDICAID	1 6 0 5
3. LIFE INSURANCE - LOCAL 118	BANKERS LIFE	2 6 1
4. PENSION	HEREIU PENSION FUND	2 4 4 6 0
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		5 0 2 1 6
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITABLE CONTRIBUTIONS	4 0 0
2. LABOR UNION CONTRIBUTIONS	1 2 0 0
3. GIFTS	2 7 9 1
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 3 9 1
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. BANK FEES	5 3 5
2. PRINTING & COPYING	5 4 2 5
3. REPAIRS & MAINTENANCE	1 1 7 3
4. OFFICE ADMINISTRATION	1 2 2 8 7
5. POSTAGE	4 7 5 0
6. RENT	4 4 4 1 1
7. Total from additional pages (if any)	3 1 6 1 0
8. Total of Lines 1 through 7	1 0 0 1 9 1
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. HERE NY ASSISTANCE FUND	3 4 5
2. MISCELLANEOUS	2 5 5 0
3. GOLF OUTING FUNDRAISER	6 1 5 4
4. HIBF RENT	3 5 2 7
5. REFUNDS	9 9 0
6. UFCW 880 - JURISDICTION CHANGE	8 5 4 4 0
7. SEIU LOCAL 47 - JUR. CHANGE	1 9 9 1 0
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 1 8 9 1 6
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. INSURANCE	9 2 4
2. MEETINGS & ORGANIZING	2 4 2 2 5
3. CONTRACT NEGOTIATION & ADMIN	1 9 4 6 4
4. HERE INTERNSHIP PROGRAM	1 2 5 0
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 5 8 6 3
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 0 6 5 - 3 5 6

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
KING VERNETTA EXEC. BOARD	C	1 1 0 0	0	0	0	1 1 0 0
PROKASY LAURA EXEC. BOARD	C	5 0 0	0	0	0	5 0 0
RICHUISA FRANK EXEC. BOARD	C	9 0 0	0	0	0	9 0 0
RIGSBY HENRY EXEC. BOARD	C	1 2 0 0	0	0	0	1 2 0 0
FISHER ELMER TRUSTEE	C	0	0	0	0	0
CRANFIELD RODNEY TRUSTEE	C	0	0	0	0	0

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)[illegible]

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 0 6 5 - 3 5 6

75. ADDITIONAL INFORMATION

Item Number	
11	<p>AFL-CIO FOOD & BEVERAGE DEALER'S TRUST FUND 933 NORTH SUMMIT STREET TOLEDO, OHIO 43604 PHONE (419) 244-8678</p> <p>HOSPITALITY INDUSTRIAL BENEFITS FUND 9100 VALLEY VIEW ROAD MACEDONIA, OHIO 44056 # 34-6651829 PHONE (330) 468-6800</p>

ORGANIZATION NAME:

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 0 6 5 - 3 5 6

ENDING DATE OF PERIOD COVERED:

12/31/2002

75. ADDITIONAL INFORMATION(continued)

Item Number	
24	SEVERANCE PLAN FOR KEY EMPLOYEES WITH ONE YEAR OR MORE SERVICE AT LOCAL 10. ACCRUED LIABILITY AS OF DECEMBER 31, 2002 IS \$ 5,786.

ORGANIZATION NAME:

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 0 6 5 - 3 5 6

ENDING DATE OF PERIOD COVERED:

12/31/2002

TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

Trustee Sign: _____

TRUSTEE

Trustee Sign: _____

TRUSTEE

Date

Telephone Number

Date

Telephone Number